

*NFIRS 5.0 Self Study Program*  
*Fire Service Casualty Module: NFIRS 5*

*Objectives*

After completing the Fire Service Casualty Module the student will be able to:

1. Describe when the Fire Service Casualty Module is to be used.
2. Demonstrate how to complete the Fire Service Casualty Module given the scenario of a hypothetical incident.

## Pre-Test #5 - Fire Service Casualty Module

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1. The Fire Service Casualty Module is used to report injuries, deaths, or exposures to fire service, EMS, and other public safety personnel that occur in conjunction with any incident response. (Answer B)  
  - (a) True
  - (b) False
2. A Basic Module must be completed if the Fire Service Casualty Module is completed. (Answer A)  
  - (a) True
  - (b) False
3. The Fire Service Casualty Module is a required NFIRS Module. (Answer A)  
  - (a) True
  - (b) False
4. The Fire Service Casualty Module should be completed if a firefighter is injured while exercising at the fire station. (Answer A)  
  - (a) True
  - (b) False
5. The Fire Service Casualty Module should be completed if a firefighter is injured while off-duty away from the fire station. (Answer B)  
  - (a) True
  - (b) False

The Fire Service Casualty Module is used to report fire service personnel injuries, deaths, or exposures involved with any incident response.

An exposure is defined as contact by fire service personnel with a toxic substance or harmful physical agent through any route of entry (e.g. inhalation, ingestion, skin absorption, or direct contact). Exposures can be reported regardless of the presence of clinical signs and symptoms.

**NOTE: An exposure fire is NOT the same as an exposure to fire service personnel.**

The work performed by fire service personnel is inherently dangerous. In fact, the risk of experiencing a casualty is always present. It is important for the fire service to make a constant effort to improve safety. Conducting drills, traveling to emergencies, and providing emergency services all lead to fire service casualties.

Recording firefighter casualty information provides data on specific, perhaps correctable, hazards. It can also indicate trends that can lead future safety improvement efforts. Health and Safety Officers find this information particularly useful during the process of working to reduce risks at incidents.

## Section A

Section A: FDID, Incident Number, Exposure  
Number

The information in Section A of the Fire Module is drawn from Section A of the Basic Module. In an automated system, some systems may allow you to enter a data element one time and it will automatically fill in all fields

where that information is required. When using hard copies you will have to enter the Section A information for every module.

*Section B*

**Section B: Injured Person**

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<b>B</b>	<b>Injured Person</b>		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Volunteer
	Identification Number <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>			
First Name <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>		MI <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Last Name <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	
		Suffix <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>		

Section B is used to identify and classify the person exposed using a variety of means.

Start completing Section B by entering an assigned identification number. Often the individual's Social Security Number is used for this purpose.

Next, check the appropriate boxes indicating male or female, and the casualty's affiliation (career or volunteer). Paid-per call casualties should be considered as volunteers when information for this section is entered. Lastly, enter the casualty's first and last name, middle initial, and any suffix (i.e. Jr., Sr., and III) in the lines provided.

*Section C*

**Section C: Casualty Number**

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<b>C</b>	<b>Casualty Number</b> ☆
Casualty Number <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	

Each casualty is given a number. The numbers are assigned consecutively starting with one (001) and continuing based upon how many fire service individuals were injured or killed at the incident, or resulting from the incident.

*Section D*

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Section D: Age, or Date of Birth

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<b>D</b> Age or Date of Birth ☆			
Age		Date of Birth	
<input type="text"/>	OR	<input type="text"/>	<input type="text"/>
In years		Month	Day Year

Enter either the casualty's age or date of birth, but not both. If the age is entered, the numbers are assumed to represent years.

*Section E*

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Section E: Date and Time of Injury

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<b>E</b> Date & Time of Injury ☆				Midnight is 0000.	
Date of Injury			Time of Injury		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year	Hour	Minutes	

Enter the date and time of the injury in Section E. When the injury date is the same as the "date of the incident" enter the same date information that you entered in the "arrival block" of Section E<sub>1</sub> of the Basic Module. If the injury date is different then enter the correct month, date, and year.

The time, both hours and minutes, of the injury is entered using the 24-hour clock where midnight is 0000.

*Section F*

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Section F: Responses

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<b>F</b> Responses
<input type="text"/>
Number of prior responses during past 24 hours

Record the number of incidents that the casualty responded to within the 24-hour period immediately prior to the time of injury.

*Section G*

Section G: Usual Assignment, Physical Condition  
Just Prior To Injury, Severity, Taken To, Activity at  
Time of Injury

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*Block G<sub>1</sub>*

<b>G<sub>1</sub> Usual Assignment</b>	
1	<input type="checkbox"/> Suppression
2	<input type="checkbox"/> EMS
3	<input type="checkbox"/> Prevention
4	<input type="checkbox"/> Training
5	<input type="checkbox"/> Maintenance
6	<input type="checkbox"/> Communications
7	<input type="checkbox"/> Administration
8	<input type="checkbox"/> Fire investigation
0	<input type="checkbox"/> Other

Describe the official assignment of the casualty in Block G<sub>1</sub>. This may not coincide with the firefighter's activity at the time of injury.

*Block G<sub>2</sub>*

<b>G<sub>2</sub> Physical Condition Just Prior To Injury</b>			
1	<input type="checkbox"/> Rested	0	<input type="checkbox"/> Other
2	<input type="checkbox"/> Fatigued	U	<input type="checkbox"/> Undetermined
4	<input type="checkbox"/> Ill or injured		

Record the general physical condition of the casualty just prior to the injury in Block G<sub>2</sub>.

*Block G<sub>3</sub>*

<b>G<sub>3</sub> Severity</b>	
1	<input type="checkbox"/> Report only, including exposure
2	<input type="checkbox"/> First aid only
3	<input type="checkbox"/> Treated by physician (no lost time)
4	<input type="checkbox"/> Moderate (lost time)
5	<input type="checkbox"/> Severe (lost time)
6	<input type="checkbox"/> Life threatening (lost time)
7	<input type="checkbox"/> Death

Describe the severity or seriousness of the casualty in relation to death and time lost from work in Block G<sub>3</sub>. Choose one of the seven options provided by checking the corresponding box.

*Block G<sub>4</sub>*

<b>G<sub>4</sub></b>	<b>Taken To</b>
1	<input type="checkbox"/> Hospital
4	<input type="checkbox"/> Doctor's office
5	<input type="checkbox"/> Morgue/funeral home
6	<input type="checkbox"/> Residence
7	<input type="checkbox"/> Station or quarters
0	<input type="checkbox"/> Other
N	<input type="checkbox"/> Not transported

Use Block G<sub>4</sub> to record where the casualty went after the injury. Choose one of the seven options provided.

*Block G<sub>5</sub>*

<b>G<sub>5</sub></b>	<b>Activity at Time of Injury</b>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Activity at time of injury	

Use Block G<sub>5</sub> to describe what type of activity was taking place at the time the injury occurred.

You will need to enter a code as part of the description. Use the NFRIS Quick Reference Guide to identify the activity of the firefighter at the time of the injury.

*Section H*

**Section H: Primary Apparent Symptom and Primary  
Area of Body Injured**

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Record the primary symptom and areas of injury in Section H. Use Block H<sub>1</sub> to enter the code that describes the casualty's **most serious injury**.

*Block H<sub>1</sub>*

<b>H<sub>1</sub></b>	<b>Primary Apparent Symptom</b>
	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center; font-size: 0.8em;">Primary apparent symptom</div>

The Emergency Medical Technician (EMT) or the person responsible for the pre-hospital emergency care phase of treatment will provide you with a determination of what appears to be the casualty's most serious injury.

*Block H<sub>2</sub>*

<b>H<sub>2</sub></b>	<b>Primary Area of Body Injured</b>
	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center; font-size: 0.8em;">Primary injured body part or area</div>

Block H<sub>2</sub> is used to record the body part or area that sustained the most serious injury. It should be the part of the body affected by the primary apparent symptom.

*Section I*

**Section I: Cause of Firefighter Injury, Factor  
Contributing to Injury, and Object Involved in Injury**

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Record the data that describes the factors that caused or impacted the injury to the causality in Section I. Use the NFIRS Quick Reference Guide to complete this section.

*Block I<sub>1</sub>*

<b>I<sub>1</sub></b>	<b>Cause of Firefighter Injury</b>
	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="text-align: center; font-size: 0.8em;">Cause of injury</div>

Use Block I<sub>1</sub> to describe the action or lack of action that directly resulted in the casualty.



Mark the boxes in Block J<sub>1</sub> to indicate where the injury occurred. The options include: enroute to scene, at the incident scene, at the station, and so forth.

*Block J<sub>2</sub>*

<b>J<sub>2</sub> Story Where Injury Occurred</b>	
<b>1</b>	<input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> Story of injury <input type="checkbox"/> Below grade
<b>2</b>	<input type="checkbox"/> Injury occurred outside

Complete Block J<sub>2</sub> only if the injury occurred inside a structure. Check Box 1 if the person was inside or on the structure. Then write the story where the injury occurred on the line provided.

Check Box 2 if the injury occurred outside.

*Block J<sub>3</sub>*

<b>J<sub>3</sub> Specific Location</b>		Complete as applicable
65	<input type="checkbox"/> In aircraft	
64	<input type="checkbox"/> In boat or ship or barge	
63	<input type="checkbox"/> In rail vehicle	
61	<input type="checkbox"/> In motor vehicle	
54	<input type="checkbox"/> In sewer	
53	<input type="checkbox"/> In tunnel	
49	<input type="checkbox"/> In structure	
45	<input type="checkbox"/> In attic	
36	<input type="checkbox"/> In water	
35	<input type="checkbox"/> In well	
34	<input type="checkbox"/> In ravine	
33	<input type="checkbox"/> In quarry or mine	
32	<input type="checkbox"/> In ditch or trench	
31	<input type="checkbox"/> In open pit	
28	<input type="checkbox"/> On steep grade	
27	<input type="checkbox"/> On fire escape/outside stairs	
26	<input type="checkbox"/> On vertical surface or ledge	
25	<input type="checkbox"/> On ground ladder	
24	<input type="checkbox"/> On aerial ladder or in basket	
23	<input type="checkbox"/> On roof	
22	<input type="checkbox"/> Outside at grade	
00	<input type="checkbox"/> Other	

Block J<sub>3</sub> is used to identify the casualty's specific location at the time of the injury.

Note the codes by the specific location descriptions. If you selected a vehicle code greater than 60, also select the vehicle type in J<sub>4</sub>.

*Block J<sub>4</sub>*

<b>J<sub>4</sub></b>	<b>Vehicle Type</b>	Complete ONLY if Specific Location code is >60
1	<input type="checkbox"/> <b>Suppression vehicle</b>	
2	<input type="checkbox"/> <b>EMS vehicle</b>	
3	<input type="checkbox"/> <b>Other FD vehicle</b>	
4	<input type="checkbox"/> <b>Non-FD vehicle</b>	

Block J<sub>4</sub> is used to identify the vehicle that was involved.

*Section K*

**Section K: Contribution of Protective Equipment to Injury**

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Section K allows you to record data involving protective equipment. If protective equipment failed and contributed to the injury, mark the “Yes Box” in Block K<sub>1</sub>. Complete the rest of Section K if you have marked Block K<sub>1</sub>.

*Block K<sub>1</sub>*

<b>K<sub>1</sub></b> <b>Did protective equipment fail and contribute to the injury?</b> <small>Please complete the remainder of this form ONLY if you answered YES.</small>	Yes   Y <input type="checkbox"/> No     N <input checked="" type="checkbox"/>	<b>Equipment Sequence Number</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span>
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*NOTE: Equipment Sequence Number - When more than one piece of protective equipment was a factor in the casualty's injury a module should be completed for each piece of equipment. Each item is given a number that is assigned consecutively starting with one (001) and continuing based on how many protective equipment items were involved.*

**NFIRS 5.0 SELF STUDY PROGRAM  
FIRE SERVICE CASUALTY MODULE: NFIRS 5**

*Block K<sub>2</sub>*

<b>K<sub>2</sub> Protective Equipment Item</b>	
<b>Head or Face Protection</b> 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 18 <input type="checkbox"/> Other	<b>Coat, shirt, or trousers</b> 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform t-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Overalls 28 <input type="checkbox"/> Apron or gown 29 <input type="checkbox"/> Other
<b>Boots or Shoes</b> 31 <input type="checkbox"/> Knee length boots w/ steel baseplate & steel toes 32 <input type="checkbox"/> Knee length boots w/ steel toes only 33 <input type="checkbox"/> 3/4 length boots w/ steel baseplate & steel toes 34 <input type="checkbox"/> 3/4 length boots w/ steel toes only 35 <input type="checkbox"/> Boots without steel baseplate & steel toes 36 <input type="checkbox"/> Safety shoes w/ steel baseplate & steel toes 37 <input type="checkbox"/> Safety shoes w/ steel toes only 38 <input type="checkbox"/> Non-safety shoes 39 <input type="checkbox"/> Other	
<b>Respiratory Protection</b> 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 47 <input type="checkbox"/> Other	
<b>Hand Protection</b> 51 <input type="checkbox"/> Firefighter gloves w/ wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> Hazmat gloves 55 <input type="checkbox"/> Medical gloves 56 <input type="checkbox"/> Other	
<b>Special Equipment</b> 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 80 <input type="checkbox"/> Other	

**Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this**

Block K<sub>2</sub> is used to record information about the protective equipment item that was a factor in the casualty's injury.

The choices are grouped into the following categories:

- Head or Face Protection
- Coat, Shirt, or Trousers
- Boots or Shoes
- Hand Protection
- Special Equipment

*Block K<sub>3</sub>*

**K<sub>3</sub> Protective Equipment Problem**

Check one box to indicate the main problem that

- 11 ☐ Burned
- 12 ☐ Melted
- 21 ☐ Fractured, cracked or broken
- 22 ☐ Punctured
- 23 ☐ Scratched
- 24 ☐ Knocked off
- 25 ☐ Cut or ripped
- 31 ☐ Trapped steam or hazardous gas
- 32 ☐ Insufficient insulation
- 33 ☐ Object fell in or onto equipment item
- 41 ☐ Failed under impact
- 42 ☐ Face piece or hose detached
- 43 ☐ Exhalation valve inoperative or damaged
- 44 ☐ Harness detached or separated
- 45 ☐ Regulator failed to operate
- 46 ☐ Regulator damaged by contact
- 47 ☐ Problem with admissions valve
- 48 ☐ Alarm failed to operate
- 49 ☐ Alarm damaged by contact
- 51 ☐ Supply cylinder or valve failed to operate
- 52 ☐ Supply cylinder/valve damaged by contact
- 53 ☐ Supply cylinder— insufficient air/oxygen
- 94 ☐ Did not fit properly
- 95 ☐ Not properly serviced or stored prior to use
- 96 ☐ Not used for designed purpose
- 97 ☐ Not used as recommended by manufacturer
- 00 ☐ Other equipment problem

Use K<sub>3</sub> to record the most significant problem with the piece of equipment that failed and contributed to the injury. Twenty-seven choices are provided.

*Block K<sub>4</sub>*

<b>K<sub>4</sub></b>	<b>Equipment Manufacturer, Model &amp; Serial Number</b> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Manufacturer <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Model <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Serial Number <div style="text-align: right; font-size: small; margin-top: 10px;">NFIRS-5 Revision 6/25/99</div>
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Block K<sub>4</sub> provides space to record information about the equipment manufacturer, model number or type, and the serial number.

Enter the name of the company that made/manufactured the piece of equipment involved on the first line. Enter the manufacturer's model name in the next space. If a model name is not available you should give a general physical description of the equipment. Enter the manufacturer's serial number, which is usually stamped on the equipment's identification plate on the last line.

*Summary*

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## SUMMARY

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The Fire Service Casualty Module is used to report fire service personnel injuries, deaths, or exposures that are associated with a particular incident. This casualty information is used by Health and Safety Officers to reduce the risks associated with all types of work related casualties.

Researchers, educators, equipment makers, design engineers, and governmental regulatory agencies use the specific information provided to make various determinations such as which specific pieces of equipment are involved in casualties. Complete information must be collected for each individual casualty in order to provide the data that is needed to make determinations related to improving job safety.

### **EXAMPLE: HIGH-RISE FIRE**

*Directions: Read the call information in the example below. Then look at the completed Fire Service Casualty Module Form. Look at each section and follow along with the proper use of the information as applicable to the Fire Service Casualty Module.*

**On May 21, 1999, FDID#TR300 received a High-rise Box 13-28 at 22:35 and responded to 2045 Beach Blvd. Fire was reported to be located on the 12th floor. The crew assigned to Engine 131 was sleeping prior to the call. It was their first call during a 24-hour shift that began at 07:00 hours. E-131 responded with a crew of 4 personnel.**

**Ambulance 139 was returning to the station from a previous call and was sent on the box assignment. The ambulance arrived first. Their initial on-scene report was of fire showing from the 12th floor with people trapped. They requested a 2nd alarm. Chief 13 advised E-131 to do search and rescue and assigned the 2nd engine company to attack the fire and provide a safe exit for evacuation. The personnel on E-131 consisted of career personnel. They were Captain Tom Jones, Tech. Marc Helton, F/F Bob Wilson and F/F Kenny Segal. F/F Wilson was 57-years-old and the most experienced. He led the crew to the stair well and planned to walk up the to the 12th floor.**

**The building was about 20-years-old and did not have an elevator emergency control system. As the crew approached the 10th floor F/F Wilson began complaining of chest pains and shortness of breath, Captain Jones advised the officer in charge that his crew was taking a couple minutes break to rest. At this point F/F Wilson collapsed and stopped breathing. Captain Jones started CPR on F/F Wilson and advised officer in charge to call for a medic unit for F/F Wilson. CPR was continued until the arrival of the advanced life support unit. F/ F Wilson was removed from the building and then transported to Mercy General Hospital where he was pronounced dead at 23:50 hours.**

**NFIRS 5.0 SELF STUDY PROGRAM**  
**FIRE SERVICE CASUALTY MODULE: NFIRS 5**

<b>A</b>	FDID ☆	State ☆	Incident Date ☆	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 5 Fire Service Casualty</b>
	T R 3 0 0	W I	MM DD YYYY 0 6 2 1 1 9 9 9	0 0 1	7 8 6 5 4 8 1	0 0 0		

<b>B</b>	<b>Injured Person</b>	Identification Number 1 <input checked="" type="checkbox"/> Male ☆ 2 <input type="checkbox"/> Female	1 <input checked="" type="checkbox"/> Career 2 <input type="checkbox"/> Volunteer	<b>C</b>	<b>Casualty Number</b> ☆
	First Name: Bob MI: Last Name: Wilson Suffix:				Casualty Number 0 0 1

<b>D Age or Date of Birth</b> ☆  Age: 0 5 7 In years OR Date of Birth: Month Day Year	<b>E Date &amp; Time of Injury</b> ☆ Midnight is 0000.  Date of Injury: 0 6 2 1 1 9 9 9 Time of Injury: 2 2 4 5 Hour Minutes	<b>F Responses</b>  Number of prior responses during past 24 hours: 0 0
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<b>G1 Usual Assignment</b> 1 <input checked="" type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other	<b>G2 Physical Condition Just Prior To Injury</b> 1 <input checked="" type="checkbox"/> Rested 2 <input type="checkbox"/> Fatigued 4 <input type="checkbox"/> Ill or injured 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>G4 Taken To</b> 1 <input checked="" type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported  <b>G5 Activity at Time of Injury</b> 4 0 Suppression Support, other Activity at time of injury
<b>G3 Severity</b> 1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input checked="" type="checkbox"/> Death		

<b>H1 Primary Apparent Symptom</b> 0 3 Shortness of Breath Primary apparent symptom	<b>I1 Cause of Firefighter Injury</b> 7 Overexertion Cause of injury	<b>I3 Object Involved in Injury</b> <input checked="" type="checkbox"/> None Object involved in injury
<b>H2 Primary Area of Body Injured</b> 8 2 Heart Primary injured body part or area	<b>I2 Factor Contributing to Injury</b> 0 0 Contributing factor, other Contributing factor	

<b>J1 Where Injury Occurred</b> 1 <input type="checkbox"/> Enroute to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input checked="" type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other	<b>J3 Specific Location</b> Complete as applicable 65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input checked="" type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other	<b>J4 Vehicle Type</b> Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle  <b>Remarks</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <div style="border: 1px solid black; padding: 5px; width: fit-content;">         If protective equipment failed and was a factor in this injury, please complete the other side of this form.       </div>
<b>J2 Story Where Injury Occurred</b> 1 <input checked="" type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a 0 1 1 0 Story of injury <input type="checkbox"/> Below grade 2 <input type="checkbox"/> Injury occurred outside		NFIRS-5 Revision 8/18/99

**NFIRS 5.0 SELF STUDY PROGRAM**  
**FIRE SERVICE CASUALTY MODULE: NFIRS 5**

<b>K1</b> Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answered YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number <span style="border: 1px solid black; padding: 2px;">      </span>	<b>NFIRS - 5</b> <b>Fire Service</b> <b>Casualty</b>
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<b>K2</b> Protective Equipment Item	<b>K3</b> Protective Equipment Problem
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Head or Face Protection</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           11 <input type="checkbox"/> Helmet            12 <input type="checkbox"/> Full face protector            13 <input type="checkbox"/> Partial protector            14 <input type="checkbox"/> Goggles/eye protection            15 <input type="checkbox"/> Hood            16 <input type="checkbox"/> Ear protector            17 <input type="checkbox"/> Neck protector            10 <input type="checkbox"/> Other         </div> <div style="width: 48%;"> <b>Coat, shirt, or trousers</b>            21 <input type="checkbox"/> Protective coat            22 <input type="checkbox"/> Protective trousers            23 <input type="checkbox"/> Uniform shirt            24 <input type="checkbox"/> Uniform t-shirt            25 <input type="checkbox"/> Uniform trousers            26 <input type="checkbox"/> Uniform coat or jacket            27 <input type="checkbox"/> Overalls            28 <input type="checkbox"/> Apron or gown            20 <input type="checkbox"/> Other         </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 5px;"> <b>Boots or Shoes</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           31 <input type="checkbox"/> Knee length boots w/ steel baseplate &amp; steel toes            32 <input type="checkbox"/> Knee length boots w/ steel toes only            33 <input type="checkbox"/> 3/4 length boots w/ steel baseplate &amp; steel toes            34 <input type="checkbox"/> 3/4 length boots w/ steel toes only            35 <input type="checkbox"/> Boots without steel baseplate &amp; steel toes            36 <input type="checkbox"/> Safety shoes w/ steel baseplate &amp; steel toes            37 <input type="checkbox"/> Safety shoes w/ steel toes only            38 <input type="checkbox"/> Non-safety shoes            30 <input type="checkbox"/> Other         </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 5px;"> <b>Respiratory Protection</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           41 <input type="checkbox"/> SCBA (demand) open circuit            42 <input type="checkbox"/> SCBA (positive pressure) open circuit            43 <input type="checkbox"/> SCBA closed circuit            44 <input type="checkbox"/> Not self-contained            45 <input type="checkbox"/> Cartridge respirator            46 <input type="checkbox"/> Dust or particle mask            40 <input type="checkbox"/> Other         </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 5px;"> <b>Hand Protection</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           51 <input type="checkbox"/> Firefighter gloves w/ wristlets            52 <input type="checkbox"/> Firefighter gloves without wristlets            53 <input type="checkbox"/> Work gloves            54 <input type="checkbox"/> Hazmat gloves            55 <input type="checkbox"/> Medical gloves            50 <input type="checkbox"/> Other         </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 5px;"> <b>Special Equipment</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           61 <input type="checkbox"/> Proximity suit for entry            62 <input type="checkbox"/> Proximity suit for non-entry            63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit            64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit            65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit            66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit            67 <input type="checkbox"/> Flash protection suit            68 <input type="checkbox"/> Flight or jump suit            69 <input type="checkbox"/> Brush suit            71 <input type="checkbox"/> Exposure suit            72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA)            73 <input type="checkbox"/> Life preserver            74 <input type="checkbox"/> Life belt or ladder belt            75 <input type="checkbox"/> Personal alert safety system (PASS)            76 <input type="checkbox"/> Radio distress device            77 <input type="checkbox"/> Personal lighting            78 <input type="checkbox"/> Fire shelter or tent            79 <input type="checkbox"/> Vehicle safety belt            70 <input type="checkbox"/> Other         </div> <div style="width: 48%; border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this</b> </div> </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Check one box to indicate the main problem that</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           11 <input type="checkbox"/> Burned            12 <input type="checkbox"/> Melted            21 <input type="checkbox"/> Fractured, cracked or broken            22 <input type="checkbox"/> Punctured            23 <input type="checkbox"/> Scratched            24 <input type="checkbox"/> Knocked off            25 <input type="checkbox"/> Cut or ripped            31 <input type="checkbox"/> Trapped steam or hazardous gas            32 <input type="checkbox"/> Insufficient insulation            33 <input type="checkbox"/> Object fell in or onto equipment item            41 <input type="checkbox"/> Failed under impact            42 <input type="checkbox"/> Face piece or hose detached            43 <input type="checkbox"/> Exhalation valve inoperative or damaged            44 <input type="checkbox"/> Harness detached or separated            45 <input type="checkbox"/> Regulator failed to operate            46 <input type="checkbox"/> Regulator damaged by contact            47 <input type="checkbox"/> Problem with admissions valve            48 <input type="checkbox"/> Alarm failed to operate            49 <input type="checkbox"/> Alarm damaged by contact            51 <input type="checkbox"/> Supply cylinder or valve failed to operate            52 <input type="checkbox"/> Supply cylinder/valve damaged by contact            53 <input type="checkbox"/> Supply cylinder— insufficient air/oxygen            94 <input type="checkbox"/> Did not fit properly            95 <input type="checkbox"/> Not properly serviced or stored prior to use            96 <input type="checkbox"/> Not used for designed purpose            97 <input type="checkbox"/> Not used as recommended by manufacturer            00 <input type="checkbox"/> Other equipment problem         </div> </div>

<b>K4</b> Equipment Manufacturer, Model & Serial Number	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">         Manufacturer       </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">         Model       </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">         Serial Number       </div>
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NFIRS-5 Revision 6/25/99

## **EXERCISE SCENARIO 5-1: FIRE CAPTAIN INJURY ON SCENE OF FIRE**

*Directions: Read the call information in the exercise below. Use the information provided to complete the Fire Service Casualty Module form. Compare your work to the answers provided on the subsequent completed Fire Service Casualty Module form. If your answers are different from the ones provided, read over the Fire Service Casualty Module again.*

**At 0655 on November 21, 1997, the A-1 Alarm Company notified the Regional 911 dispatch center of smoke detector activation at the Busy Bee Market located at the corner of First and Main Streets in the town of North Book, WI 12345. Engine 45 and Truck 22 from the North Brook Fire Department (FDID TR100) were dispatched to the incident at 0658.**

**Truck 22 arrived at the market at 0705 and reported smoke showing from the one-story building and water running from under the front door. The crew of the Truck Company forced entry and found that a sprinkler head had been activated and was in the process of extinguishing a small fire behind the clerk's counter in the market.**

**Engine 45, which arrived on location at 0707, extinguished the remaining fire and the Truck Company ventilated smoke from the market and shut down the sprinkler system. The fire was declared under control at 0727.**

**While the crews were cleaning up and putting the sprinkler system back in service, the owner of the market, Angela Anderson, arrived. She told the Engine Company Captain that she had worked at the market until midnight. It had been a cold evening and she had plugged in an electric heater behind the counter to keep warm. She did not remember if the heater was shut off before she left the market. Ms. Anderson estimated damage to the store contents to be \$1,000. The store had 2,500 square feet of floor space and damage to it was estimated to be \$4,000.**

**During the investigation, Fire Marshal Stan found a portable heater lying on its side behind the counter. He determined that the heater ignited a rubber mat on the floor near the cash register. The automatic shut off feature on the heater failed to operate when the device tipped over. The heater was a Heatomatic, model 25, serial number 123666.**

**Further investigation determined that the hard-wired smoke/heat detector had properly operated and notified the alarm company of the fire. The sprinkler system had also operated properly - one sprinkler head activated and controlled the fire.**

**While advancing the hoseline to the seat of the fire, Captain Paul Clarke (age 37) was injured when the ceiling and other burning materials fell on him trapping him temporarily. He suffered a burn to his left wrist in the area between his glove and the sleeve of his turnout coat and a broken leg. The gloves were the "Firefighter" model made by the ABC Corporation.**

**Captain Clarke's injury occurred at 0715. Prior to this incident, Clarke and his crew had responded to two other fires during the night and five other incidents on their shift. After the fire was extinguished, Captain Clarke was taken to Mercy Hospital for treatment of the burn. He returned to work six months later. The last company cleared the scene at 0815. An incident number of 9700967 was assigned for this fire.**

**NFIRS 5.0 SELF STUDY PROGRAM**  
**FIRE SERVICE CASUALTY MODULE: NFIRS 5**

<b>A</b>	FDID ☆ <input type="text"/>	State ☆ <input type="text"/>	Incident Date ☆ MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>	Station <input type="text"/>	Incident Number ☆ <input type="text"/>	Exposure ☆ <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 5 Fire Service Casualty</b>
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<b>B</b>	<b>Injured Person</b> <input type="text"/> Identification Number <input type="text"/> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> Suffix	1 <input type="checkbox"/> Male ☆ 2 <input type="checkbox"/> Female 1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Volunteer	<b>C</b>	<b>Casualty Number</b> ☆ <input type="text"/> Casualty Number
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<b>D</b>	<b>E</b>	<b>F</b>
<b>Age or Date of Birth</b> ☆ Age <input type="text"/> In years    OR    Date of Birth Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	<b>Date &amp; Time of Injury</b> ☆    Midnight is 0000. Date of Injury Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Time of Injury Hour <input type="text"/> Minutes <input type="text"/>	<b>Responses</b> <input type="text"/> Number of prior responses during past 24 hours

<b>G1</b>	<b>G2</b>	<b>G4</b>
<b>Usual Assignment</b> 1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other	<b>Physical Condition Just Prior To Injury</b> 1 <input type="checkbox"/> Rested    0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued    U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> Ill or injured <b>G3 Severity</b> 1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death	<b>Taken To</b> 1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported <b>G5 Activity at Time of Injury</b> <input type="text"/> Activity at time of injury

<b>H1</b>	<b>I1</b>	<b>I3</b>
<b>Primary Apparent Symptom</b>	<b>Cause of Firefighter Injury</b>	
<input type="text"/> Primary apparent symptom	<input type="text"/> Cause of injury	<input type="checkbox"/> None <input type="text"/> Object involved in injury
<b>H2</b>	<b>I2</b>	
<b>Primary Area of Body Injured</b>	<b>Factor Contributing to Injury</b>	
<input type="text"/> Primary injured body part or area	<input type="text"/> Contributing factor	

<b>J1</b>	<b>J3</b>	<b>J4</b>
<b>Where Injury Occurred</b> 1 <input type="checkbox"/> Enroute to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other	<b>Specific Location</b> Complete as applicable 65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other	<b>Vehicle Type</b> Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle <b>Remarks</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         If protective equipment failed and was a factor in this injury, please complete the other side of this form.       </div>
<b>J2 Story Where Injury Occurred</b> 1 <input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a <input type="text"/> Story of injury <input type="checkbox"/> Below grade 2 <input type="checkbox"/> Injury occurred outside		NFIRS-5 Revision 8/18/99

**NFIRS 5.0 SELF STUDY PROGRAM**  
**FIRE SERVICE CASUALTY MODULE: NFIRS 5**

<b>K1</b> Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answered YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number	<b>NFIRS - 5</b> <b>Fire Service</b> <b>Casualty</b>
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<b>K2</b> Protective Equipment Item	<b>K3</b> Protective Equipment Problem Check one box to indicate the main problem that
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Head or Face Protection</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           11 <input type="checkbox"/> Helmet            12 <input type="checkbox"/> Full face protector            13 <input type="checkbox"/> Partial protector            14 <input type="checkbox"/> Goggles/eye protection            15 <input type="checkbox"/> Hood            16 <input type="checkbox"/> Ear protector            17 <input type="checkbox"/> Neck protector            10 <input type="checkbox"/> Other         </div> <div style="width: 48%;"> <b>Coat, shirt, or trousers</b>            21 <input type="checkbox"/> Protective coat            22 <input type="checkbox"/> Protective trousers            23 <input type="checkbox"/> Uniform shirt            24 <input type="checkbox"/> Uniform t-shirt            25 <input type="checkbox"/> Uniform trousers            26 <input type="checkbox"/> Uniform coat or jacket            27 <input type="checkbox"/> Overalls            28 <input type="checkbox"/> Apron or gown            20 <input type="checkbox"/> Other         </div> </div> <div style="border-bottom: 1px solid black; 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padding-bottom: 5px;"> <b>K4</b> Equipment Manufacturer, Model &amp; Serial Number         </div> <div style="padding-top: 5px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">Manufacturer</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">Model</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">Serial Number</div> </div>

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this

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<b>A</b> FDID <input type="text" value="TR100"/>		State <input type="text" value="WI"/>		Incident Date <input type="text" value="11"/> <input type="text" value="21"/> <input type="text" value="1997"/>		Station <input type="text" value="013"/>		Incident Number <input type="text" value="9700967"/>		Exposure <input type="text" value="000"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change		<b>NFIRS - 5 Fire Service Casualty</b>																									
<b>B Injured Person</b>										<b>C Casualty Number</b>																													
Identification Number <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="7"/>										1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female					1 <input checked="" type="checkbox"/> Career 2 <input type="checkbox"/> Volunteer																								
First Name <input type="text" value="Paul"/>					MI <input type="text"/>		Last Name <input type="text" value="Clarke"/>					Suffix <input type="text"/>					Casualty Number <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>																						
<b>D Age or Date of Birth</b>										<b>E Date &amp; Time of Injury</b>										<b>F Responses</b>																			
Age <input type="text" value="057"/> OR Date of Birth <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="7"/>										Date of Injury <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="7"/>										Time of Injury <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="5"/>										Number of prior responses during past 24 hours <input type="text" value="0"/> <input type="text" value="7"/>									
<b>G1 Usual Assignment</b>										<b>G2 Physical Condition Just Prior To Injury</b>										<b>G4 Taken To</b>																			
1 <input checked="" type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other										1 <input type="checkbox"/> Rested 2 <input checked="" type="checkbox"/> Fatigued 4 <input type="checkbox"/> Ill or injured 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined										1 <input checked="" type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported																			
										<b>G3 Severity</b>										<b>G5 Activity at Time of Injury</b>																			
										1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input checked="" type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death										Activity at time of injury <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="1"/> Handling charged hose line																			
<b>H1 Primary Apparent Symptom</b>										<b>I1 Cause of Firefighter Injury</b>										<b>I3 Object Involved in Injury</b>																			
<input type="text" value="1"/> <input type="text" value="2"/> Burns only thermal Primary apparent symptom										<input type="text" value="4"/> Exposure to hazard Cause of injury										<input type="checkbox"/> None																			
<b>H2 Primary Area of Body Injured</b>										<b>I2 Factor Contributing to Injury</b>										<b>I3 Object Involved in Injury</b>																			
<input type="text" value="9"/> <input type="text" value="3"/> Multiple Body Parts Primary injured body part or area										<input type="text" value="1"/> <input type="text" value="4"/> Ceiling Collapse Contributing factor										<input type="text" value="3"/> <input type="text" value="9"/> Floor or Ceiling Object involved in injury																			
<b>J1 Where Injury Occurred</b>										<b>J3 Specific Location</b>										<b>J4 Vehicle Type</b>																			
1 <input type="checkbox"/> Enroute to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input checked="" type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other										Complete as applicable 65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input checked="" type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other										Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle																			
<b>J2 Story Where Injury Occurred</b>																				<b>Remarks</b>																			
1 <input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a <input type="text"/> Story of injury <input type="checkbox"/> Below grade																				<input type="text"/>																			
2 <input type="checkbox"/> Injury occurred outside																				If protective equipment failed and was a factor in this injury, please complete the other side of this form.																			

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**NFIRS 5.0 SELF STUDY PROGRAM**  
**FIRE SERVICE CASUALTY MODULE: NFIRS 5**

<b>K1</b> Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answered YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number <span style="border: 1px solid black; padding: 2px;">      </span>	<b>NFIRS - 5</b> <b>Fire Service</b> <b>Casualty</b>
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<b>K2</b> Protective Equipment Item	<b>K3</b> Protective Equipment Problem
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Head or Face Protection</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           11 <input type="checkbox"/> Helmet            12 <input type="checkbox"/> Full face protector            13 <input type="checkbox"/> Partial protector            14 <input type="checkbox"/> Goggles/eye protection            15 <input type="checkbox"/> Hood            16 <input type="checkbox"/> Ear protector            17 <input type="checkbox"/> Neck protector            10 <input type="checkbox"/> Other         </div> <div style="width: 48%;"> <b>Coat, shirt, or trousers</b>            21 <input type="checkbox"/> Protective coat            22 <input type="checkbox"/> Protective trousers            23 <input type="checkbox"/> Uniform shirt            24 <input type="checkbox"/> Uniform t-shirt            25 <input type="checkbox"/> Uniform trousers            26 <input type="checkbox"/> Uniform coat or jacket            27 <input type="checkbox"/> Overalls            28 <input type="checkbox"/> Apron or gown            20 <input type="checkbox"/> Other         </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Boots or Shoes</b> </div> <div>           31 <input type="checkbox"/> Knee length boots w/ steel baseplate &amp; steel toes            32 <input type="checkbox"/> Knee length boots w/ steel toes only            33 <input type="checkbox"/> 3/4 length boots w/ steel baseplate &amp; steel toes            34 <input type="checkbox"/> 3/4 length boots w/ steel toes only            35 <input type="checkbox"/> Boots without steel baseplate &amp; steel toes            36 <input type="checkbox"/> Safety shoes w/ steel baseplate &amp; steel toes            37 <input type="checkbox"/> Safety shoes w/ steel toes only            38 <input type="checkbox"/> Non-safety shoes            30 <input type="checkbox"/> Other         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Respiratory Protection</b> </div> <div>           41 <input type="checkbox"/> SCBA (demand) open circuit            42 <input type="checkbox"/> SCBA (positive pressure) open circuit            43 <input type="checkbox"/> SCBA closed circuit            44 <input type="checkbox"/> Not self-contained            45 <input type="checkbox"/> Cartridge respirator            46 <input type="checkbox"/> Dust or particle mask            40 <input type="checkbox"/> Other         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Hand Protection</b> </div> <div>           51 <input type="checkbox"/> Firefighter gloves w/ wristlets            52 <input type="checkbox"/> Firefighter gloves without wristlets            53 <input type="checkbox"/> Work gloves            54 <input type="checkbox"/> Hazmat gloves            55 <input type="checkbox"/> Medical gloves            50 <input type="checkbox"/> Other         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Special Equipment</b> </div> <div>           61 <input type="checkbox"/> Proximity suit for entry            62 <input type="checkbox"/> Proximity suit for non-entry            63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit            64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit            65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit            66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit            67 <input type="checkbox"/> Flash protection suit            68 <input type="checkbox"/> Flight or jump suit            69 <input type="checkbox"/> Brush suit            71 <input type="checkbox"/> Exposure suit            72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA)            73 <input type="checkbox"/> Life preserver            74 <input type="checkbox"/> Life belt or ladder belt            75 <input type="checkbox"/> Personal alert safety system (PASS)            76 <input type="checkbox"/> Radio distress device            77 <input type="checkbox"/> Personal lighting            78 <input type="checkbox"/> Fire shelter or tent            79 <input type="checkbox"/> Vehicle safety belt            70 <input type="checkbox"/> Other         </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">           Check one box to indicate the main problem that         </div> <div>           11 <input type="checkbox"/> Burned            12 <input type="checkbox"/> Melted            21 <input type="checkbox"/> Fractured, cracked or broken            22 <input type="checkbox"/> Punctured            23 <input type="checkbox"/> Scratched            24 <input type="checkbox"/> Knocked off            25 <input type="checkbox"/> Cut or ripped            31 <input type="checkbox"/> Trapped steam or hazardous gas            32 <input type="checkbox"/> Insufficient insulation            33 <input type="checkbox"/> Object fell in or onto equipment item            41 <input type="checkbox"/> Failed under impact            42 <input type="checkbox"/> Face piece or hose detached            43 <input type="checkbox"/> Exhalation valve inoperative or damaged            44 <input type="checkbox"/> Harness detached or separated            45 <input type="checkbox"/> Regulator failed to operate            46 <input type="checkbox"/> Regulator damaged by contact            47 <input type="checkbox"/> Problem with admissions valve            48 <input type="checkbox"/> Alarm failed to operate            49 <input type="checkbox"/> Alarm damaged by contact            51 <input type="checkbox"/> Supply cylinder or valve failed to operate            52 <input type="checkbox"/> Supply cylinder/valve damaged by contact            53 <input type="checkbox"/> Supply cylinder— insufficient air/oxygen            94 <input type="checkbox"/> Did not fit properly            95 <input type="checkbox"/> Not properly serviced or stored prior to use            96 <input type="checkbox"/> Not used for designed purpose            97 <input type="checkbox"/> Not used as recommended by manufacturer            00 <input type="checkbox"/> Other equipment problem         </div>

<b>K4</b> Equipment Manufacturer, Model & Serial Number	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">         Manufacturer       </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">         Model       </div> <div style="border: 1px solid black; padding: 5px;">         Serial Number       </div>
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Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this

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## **EXERCISE SCENARIO 5-2: CARY STREET FIRE**

*Directions: Read the call information in the exercise below. Use the information provided to complete the entire Fire Service Casualty Module form and the other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Fire Service Casualty Module again.*

The Alberta Fire Department (FDID 92188) responded to a reported house fire at 5 East Cary Street, Brunswick, Virginia 23351 on May 1. The dispatcher assigned the incident (#5433) to Engine Co. 3 from Shift A. The unit received the alarm at 12:53 p.m. and arrived at the scene at 1:05 p.m. with a four-person engine crew, a two-person truck crew, and a two-person pumper crew. The owner of the single family dwelling, Mrs. Christy Gordon, said that she was warming her lunch on the stove when the grease from the pan began to burn. The gas stove was a Whirlpool, Model RF330PXVN, Serial Number F925888840, Year 2000. The fire spread from the pan to the curtains. She fell asleep upstairs and was alerted when the hardwired smoke detector activated. The flame damage was confined to the kitchen. The 2,000 square feet, two-story home was filled with smoke in the other rooms. She called 911. The firefighters extinguished the fire and remove smoke from the other rooms. The fire was brought under controlled at 1:25 p.m. There was \$24,000 fire loss to property and \$9,600 content loss. The value of the property was \$161,000 and the content value was \$80,400. The last unit cleared the scene at 2:40 p.m. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No. 2. Captain Tonya S. Gordon, Badge No. 105, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.10, District A12.

Mrs. Gordon, 66-year old, white female, was overcome by smoke in her bedroom. She had problems finding the exit because of the smoke. Her injury occurred at 12:50 p.m. Fire department personnel treated her at the scene. Her injury was considered minor but since she said that she felt dizzy, a local EMS provider transported her to the Proctor Medical Hospital for observation.

While investigating the incident, Fire Officer Juan M. Mills, a 36-year old, Hispanic, white male, slipped on loose floor materials and sprained his right ankle. His normal assignment is investigation. He was injured at 2:15 p.m. and treated at the scene by local EMS provider personnel. For precautions, he was also transported to Proctor Medical Hospital for x-rays. He was treated by the physician and given the okay to return to work. This was his first response within 24 hours. Officer Mills is a career member of the department. His badge number is 317.

<b>A</b> FDID ☆      State ☆      Incident Date MM DD YYYY ☆      Station      Incident Number ☆      Exposure ☆ <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		<b>NFIRS - 1 Basic</b>	
<b>B Location</b> ☆ <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only Census Tract _____-_____ <input type="checkbox"/> Street address      Number/Milepost Prefix Street or Highway      Street Type Suffix <input type="checkbox"/> Intersection      In front of      Rear of      Adjacent to      Directions Apt./Suite/Room City State Zip Code Cross street or directions, as applicable			
<b>C Incident Type</b> ☆ Incident Type _____  <b>D Aid Given or Received</b> ☆ 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None Their FDID      Their State Their Incident Number		<b>E1 Dates &amp; Times</b> Midnight is 0000 Month Day Year Hour Min Alarm ☆      ALARM always required Arrival ☆      ARRIVAL required, unless canceled or did not arrive Controlled      CONTROLLED optional, except for wildland fires Last Unit Cleared      LAST UNIT CLEARED, required except for wildland fires	
<b>F Actions Taken</b> ☆ Primary Action Taken (1) _____ Additional Action Taken (2) _____ Additional Action Taken (3) _____		<b>G1 Resources</b> ☆ <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression      EMS      Other <input type="checkbox"/> Check box if resource counts include aid received resources.	
<b>G2 Estimated Dollar Losses &amp; Values</b> <b>LOSSES:</b> Required for all fires if known. Optional for non      None Property \$ _____ Contents \$ _____ <b>PRE-INCIDENT VALUE:</b> Optional Property \$ _____ Contents \$ _____			
<b>H1 Casualties</b> ☆ <input type="checkbox"/> None Deaths Injuries Fire Service      Civilian <b>H2 Detector</b> Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		<b>H3 Hazardous Materials Release</b> N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form	
<b>I Mixed Use Property</b> NN <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
<b>J Property Use</b> ☆      Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergart. 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult ed. 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard	

NFIRS-1 Revision

**NFIRS 5.0 SELF STUDY PROGRAM  
FIRE SERVICE CASUALTY MODULE: NFIRS 5**

**K1 Person/Entity Involved**

Local Option ☐ Business name (if applicable)  Area Code  Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.  First Name  MI  Last Name  Suffix

Number  Prefix  Street or Highway  Street Type  Suffix

Post Office Box  Apt./Suite/Room  City

State  Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

**K2 Owner**

Local Option ☐ Same as person involved? Then check this box and skip the rest of this section.

Business name (if applicable)  Area Code  Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.  First Name  MI  Last Name  Suffix

Number  Prefix  Street or Highway  Street Type  Suffix

Post Office Box  Apt./Suite/Room  City

State  Zip Code


**L** **Remarks:**

Local Option ☐

**Fire Module Required?**

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the I block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

☐ More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

**M Authorization**

Check box if same as Officer in charge. ☐

Officer in charge ID  Signature  Position or rank  Assignment  Month  Day  Year

Member making report ID  Signature  Position or rank  Assignment  Month  Day  Year

**NFIRS 5.0 SELF STUDY PROGRAM  
FIRE SERVICE CASUALTY MODULE: NFIRS 5**

<b>Complete this side for all fires</b>				<input type="checkbox"/> Delete <input type="checkbox"/> Change		<b>NFIRS - 2 Fire</b>
<b>A</b>	FDID <input style="width: 40px;" type="text"/>	State <input style="width: 40px;" type="text"/>	Incident Date <input style="width: 40px;" type="text"/>	Station <input style="width: 40px;" type="text"/>	Incident Number <input style="width: 40px;" type="text"/>	Exposure <input style="width: 40px;" type="text"/>

<b>B Property Details</b>  <b>B1</b> <input style="width: 40px;" type="text"/> <input type="checkbox"/> <b>Not Residential</b> Estimated number of residential living units in building of origin <i>whether or not all units became involved</i>  <b>B2</b> <input style="width: 40px;" type="text"/> <input type="checkbox"/> <b>Buildings not involved</b> Number of buildings involved  <b>B3</b> <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/> <input type="checkbox"/> <b>None</b> Acres burned (outside fires) <input type="checkbox"/> <b>Less than one acre</b>	<b>C On-Site Materials or Products</b> <input type="checkbox"/> <b>None</b> Enter up to three codes. Check one box for each code entered.  On-site material (1) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  On-site material (2) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  On-site material (3) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  <div style="font-size: small;">           Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, <i>whether or not they became involved</i>            1 <input type="checkbox"/> Bulk storage or warehousing            2 <input type="checkbox"/> Processing or manufacturing            3 <input type="checkbox"/> Packaged goods for sale            4 <input type="checkbox"/> Repair or service            1 <input type="checkbox"/> Bulk storage or warehousing            2 <input type="checkbox"/> Processing or manufacturing            3 <input type="checkbox"/> Packaged goods for sale            4 <input type="checkbox"/> Repair or service            1 <input type="checkbox"/> Bulk storage or warehousing            2 <input type="checkbox"/> Processing or manufacturing            3 <input type="checkbox"/> Packaged goods for sale            4 <input type="checkbox"/> Repair or service         </div>
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<b>D Ignition</b>  <b>D1</b> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Area of fire origin <input style="width: 40px;" type="text"/>  <b>D2</b> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Heat source <input style="width: 40px;" type="text"/>  <b>D3</b> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input type="checkbox"/> Check box if fire spread was confined to object of origin Item first ignited <input style="width: 40px;" type="text"/>  <b>D4</b> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Type of material first ignited <input style="width: 40px;" type="text"/> Required only if item first ignited code is 00 or <70	<b>E1 Cause of Ignition</b> <input style="width: 40px;" type="text"/> <input type="checkbox"/> Check box if this is an exposure report. <span style="float: right;">➔ Skip to Section G</span> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation  <b>E2 Factors Contributing To Ignition</b> <input type="checkbox"/> <b>None</b> Factor contributing to ignition (1) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Factor contributing to ignition (2) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<b>E3 Human Factors Contributing To Ignition</b> Check all applicable boxes <input type="checkbox"/> <b>None</b> 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <input style="width: 40px;" type="text"/> 1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female
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<b>F1 Equipment Involved In Ignition</b> <input type="checkbox"/> <b>None</b> ➔ If equipment was not involved, skip to Section G Equipment Involved <input style="width: 40px;" type="text"/> Brand <input style="width: 40px;" type="text"/> Model <input style="width: 40px;" type="text"/> Serial # <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/>	<b>F2 Equipment Power Source</b> Equipment Power Source <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  <b>F3 Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.	<b>G Fire Suppression Factors</b> Enter up to three codes. <input type="checkbox"/> <b>None</b> Fire suppression factor (1) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Fire suppression factor (2) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Fire suppression factor (3) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
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<b>H1 Mobile Property Involved</b> <input type="checkbox"/> <b>None</b> 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned Mobile property model <input style="width: 40px;" type="text"/> License Plate Number <input style="width: 40px;" type="text"/> State <input style="width: 40px;" type="text"/> VIN Number <input style="width: 40px;" type="text"/>	<b>H2 Mobile Property Type &amp; Make</b> Mobile property type <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Mobile property make <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/>	<b>Local Use</b> <input type="checkbox"/> <b>Pre-Fire Plan Available</b> Some of the information presented in this report may be based upon reports from other agencies: <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
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Structure fire? Please be sure to complete the other side of this form.

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**NFIRS 5.0 SELF STUDY PROGRAM**  
**FIRE SERVICE CASUALTY MODULE: NFIRS 5**

<b>I1 Structure Type</b> ☆ <small>If fire was in an enclosed building or a portable/mobile structure complete the rest of this form</small> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	<b>I2 Building Status</b> ☆ 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>I3 Building Height</b> ☆ <small>Count the ROOF as part of the highest story</small> _____ <small>Total number of stories at or above grade</small>  _____ <small>Total number of stories below grade</small>	<b>I4 Main Floor Size</b> ☆ _____, _____, _____ <small>Total square feet</small>  <b>OR</b> _____ BY _____ <small>Length in feet                      Width in feet</small>	<b>NFIRS-3 Structure Fire</b>
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<b>J1 Fire Origin</b> ☆ _____ <small>Story of fire origin</small> <input type="checkbox"/> Below grade	<b>J3 Number of Stories Damaged By Flame</b> ☆ <small>Count the ROOF as part of the highest story</small> _____ Number of stories w/ minor damage (1 to 24% flame damage) _____ Number of stories w/ significant damage (25 to 49% flame damage) _____ Number of stories w/ heavy damage (50 to 74% flame damage) _____ Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> ☆ <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <span style="float: right;">➔ <b>Skip to Section L</b></span>  <b>K1</b> _____ <small>Item contributing most to flame spread</small>  <b>K2</b> _____ <small>Type of material contributing most to flame spread</small> <small>Required only if item contributing code is 00 or &lt;70.</small>
<b>J2 Fire Spread</b> ☆ 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

<b>L1 Presence of Detectors</b> ☆ <small>(In area of the fire)</small> N <input type="checkbox"/> None Present <span style="float: right;">➔ <b>Skip to section M</b></span> 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> ☆ 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> ☆ <small>Required if detector operated.</small> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
<b>L2 Detector Type</b> ☆ 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> ☆ 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated <span style="float: right;">Complete Section L5</span> 3 <input type="checkbox"/> Failed to operate <span style="float: right;">Complete Section L6</span> U <input type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> ☆ <small>Required if detector failed to operate</small> 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

<b>M1 Presence of Automatic Extinguishment System</b> ☆ N <input type="checkbox"/> None Present <span style="float: right;">➔ <b>Complete rest of Section M</b></span> 1 <input type="checkbox"/> Present	<b>M3 Automatic Extinguishment System Operation</b> ☆ <small>Required if fire was within designed range</small> 1 <input type="checkbox"/> Operated & effective (go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
<b>M2 Type of Automatic Extinguishment System</b> ☆ <small>Required if fire was within designed range of AES</small> 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> ☆ <small>Required if system operated</small> _____ <small>Number of sprinkler heads operating</small>
<b>M5 Automatic Extinguishment System Failure Reason</b> ☆ <small>Required if system failed</small> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	

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<b>NFIRS - 5 Fire Service Casualty</b>			
<b>A</b> FDID ☆      State ☆      Incident Date MM DD YYYY ☆      Station _____      Incident Number ☆ _____      Exposure ☆ _____ <input type="checkbox"/> Delete <input type="checkbox"/> Change			
<b>B Injured Person</b>  Identification Number _____  First Name _____ MI _____ Last Name _____ Suffix _____		<b>C Casualty Number</b> ☆  Casualty Number _____	
<b>D Age or Date of Birth</b> ☆  Age _____ OR _____ In years                  Month   Day   Year		<b>E Date &amp; Time of Injury</b> ☆ Midnight is 0000.  Date of Injury _____ Time of Injury _____ Month   Day   Year       Hour   Minutes	
<b>F Responses</b>			
Number of prior responses during past 24 hours _____			
<b>G1 Usual Assignment</b>  1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other		<b>G2 Physical Condition Just Prior To Injury</b>  1 <input type="checkbox"/> Rested     0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued   U <input type="checkbox"/> Undetermined 3 <input type="checkbox"/> Ill or injured  <b>G3 Severity</b> 1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death	
		<b>G4 Taken To</b>  1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported  <b>G5 Activity at Time of Injury</b>  Activity at time of injury _____	
<b>H1 Primary Apparent Symptom</b>  Primary apparent symptom _____		<b>I1 Cause of Firefighter Injury</b>  Cause of injury _____	
<b>H2 Primary Area of Body Injured</b>  Primary injured body part or area _____		<b>I2 Factor Contributing to Injury</b>  Contributing factor _____	
		<b>I3 Object Involved in Injury</b>  None <input type="checkbox"/>  Object involved in injury _____	
<b>J1 Where Injury Occurred</b>  1 <input type="checkbox"/> Enroute to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other		<b>J3 Specific Location</b> Complete as applicable 65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other	
<b>J2 Story Where Injury Occurred</b>  1 <input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a _____ Story of injury <input type="checkbox"/> Below grade  2 <input type="checkbox"/> Injury occurred outside		<b>J4 Vehicle Type</b> Complete ONLY if Specific Location code is >60  1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle  Remarks _____ _____ _____ _____ _____ _____ _____ _____ _____	
If protective equipment failed and was a factor in this injury, please complete the other side of this form.			
NFIRS-5 Revision 8/18/99			

**NFIRS 5.0 SELF STUDY PROGRAM**  
**FIRE SERVICE CASUALTY MODULE: NFIRS 5**

<b>K1</b> Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answered YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number <span style="border: 1px solid black; padding: 2px 10px;">  </span>	<b>NFIRS - 5</b> <b>Fire Service</b> <b>Casualty</b>
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<b>K2</b> Protective Equipment Item	<b>K3</b> Protective Equipment Problem Check one box to indicate the main problem that
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Head or Face Protection</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           11 <input type="checkbox"/> Helmet            12 <input type="checkbox"/> Full face protector            13 <input type="checkbox"/> Partial protector            14 <input type="checkbox"/> Goggles/eye protection            15 <input type="checkbox"/> Hood            16 <input type="checkbox"/> Ear protector            17 <input type="checkbox"/> Neck protector            10 <input type="checkbox"/> Other         </div> <div style="width: 48%;"> <b>Coat, shirt, or trousers</b>            21 <input type="checkbox"/> Protective coat            22 <input type="checkbox"/> Protective trousers            23 <input type="checkbox"/> Uniform shirt            24 <input type="checkbox"/> Uniform t-shirt            25 <input type="checkbox"/> Uniform trousers            26 <input type="checkbox"/> Uniform coat or jacket            27 <input type="checkbox"/> Overalls            28 <input type="checkbox"/> Apron or gown            20 <input type="checkbox"/> Other         </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Boots or Shoes</b> </div> <div>           31 <input type="checkbox"/> Knee length boots w/ steel baseplate &amp; steel toes            32 <input type="checkbox"/> Knee length boots w/ steel toes only            33 <input type="checkbox"/> 3/4 length boots w/ steel baseplate &amp; steel toes            34 <input type="checkbox"/> 3/4 length boots w/ steel toes only            35 <input type="checkbox"/> Boots without steel baseplate &amp; steel toes            36 <input type="checkbox"/> Safety shoes w/ steel baseplate &amp; steel toes            37 <input type="checkbox"/> Safety shoes w/ steel toes only            38 <input type="checkbox"/> Non-safety shoes            30 <input type="checkbox"/> Other         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Respiratory Protection</b> </div> <div>           41 <input type="checkbox"/> SCBA (demand) open circuit            42 <input type="checkbox"/> SCBA (positive pressure) open circuit            43 <input type="checkbox"/> SCBA closed circuit            44 <input type="checkbox"/> Not self-contained            45 <input type="checkbox"/> Cartridge respirator            46 <input type="checkbox"/> Dust or particle mask            40 <input type="checkbox"/> Other         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Hand Protection</b> </div> <div>           51 <input type="checkbox"/> Firefighter gloves w/ wristlets            52 <input type="checkbox"/> Firefighter gloves without wristlets            53 <input type="checkbox"/> Work gloves            54 <input type="checkbox"/> Hazmat gloves            55 <input type="checkbox"/> Medical gloves            50 <input type="checkbox"/> Other         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>Special Equipment</b> </div> <div>           61 <input type="checkbox"/> Proximity suit for entry            62 <input type="checkbox"/> Proximity suit for non-entry            63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit            64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit            65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit            66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit            67 <input type="checkbox"/> Flash protection suit            68 <input type="checkbox"/> Flight or jump suit            69 <input type="checkbox"/> Brush suit            71 <input type="checkbox"/> Exposure suit            72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA)            73 <input type="checkbox"/> Life preserver            74 <input type="checkbox"/> Life belt or ladder belt            75 <input type="checkbox"/> Personal alert safety system (PASS)            76 <input type="checkbox"/> Radio distress device            77 <input type="checkbox"/> Personal lighting            78 <input type="checkbox"/> Fire shelter or tent            79 <input type="checkbox"/> Vehicle safety belt            70 <input type="checkbox"/> Other         </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">           11 <input type="checkbox"/> Burned            12 <input type="checkbox"/> Melted            21 <input type="checkbox"/> Fractured, cracked or broken            22 <input type="checkbox"/> Punctured            23 <input type="checkbox"/> Scratched            24 <input type="checkbox"/> Knocked off            25 <input type="checkbox"/> Cut or ripped            31 <input type="checkbox"/> Trapped steam or hazardous gas            32 <input type="checkbox"/> Insufficient insulation            33 <input type="checkbox"/> Object fell in or onto equipment item            41 <input type="checkbox"/> Failed under impact            42 <input type="checkbox"/> Face piece or hose detached            43 <input type="checkbox"/> Exhalation valve inoperative or damaged            44 <input type="checkbox"/> Harness detached or separated            45 <input type="checkbox"/> Regulator failed to operate            46 <input type="checkbox"/> Regulator damaged by contact            47 <input type="checkbox"/> Problem with admissions valve            48 <input type="checkbox"/> Alarm failed to operate            49 <input type="checkbox"/> Alarm damaged by contact            51 <input type="checkbox"/> Supply cylinder or valve failed to operate            52 <input type="checkbox"/> Supply cylinder/valve damaged by contact            53 <input type="checkbox"/> Supply cylinder— insufficient air/oxygen            94 <input type="checkbox"/> Did not fit properly            95 <input type="checkbox"/> Not properly serviced or stored prior to use            96 <input type="checkbox"/> Not used for designed purpose            97 <input type="checkbox"/> Not used as recommended by manufacturer            00 <input type="checkbox"/> Other equipment problem         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>K4</b> Equipment Manufacturer, Model &amp; Serial Number         </div> <div style="margin-top: 5px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: small; margin-top: 2px;">Manufacturer</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: small; margin-top: 2px;">Model</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: small; margin-top: 2px;">Serial Number</div> </div>

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this

NFIRS-5 Revision 6/25/99

## Fire Service Casualty Module Test

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1. The Fire Service Casualty Module is used to report the following:
  - (a) Fire service injuries or deaths involved with any incident response
  - (b) Fire service exposures involved with any incident response.
  - (c) Off duties fire service injuries or deaths
  - (d) On-duties fire service injuries or deaths at the fire station
2. The protective equipment section of the Fire Service Casualty Module is completed when:
  - (a) Protective equipment is worn
  - (b) Protective equipment was not worn but should have been worn
  - (c) Protective equipment failed OR contributed to the injury
  - (d) Protective equipment failed AND contributed to the injury
3. Forcible entry and extinguishing fire are examples of this Fire Service Casualty Module's data element.
  - (a) Usual Assignment
  - (b) Where Injury Occurred
  - (c) Activity at Time of Injury
  - (d) Actions Taken
4. Smoke inhalation and cut are examples of this Fire Service Casualty Module's data element.
  - (a) Factor Contributing to Injury
  - (b) Severity
  - (c) Primary Apparent Symptom
  - (d) Actions Taken
5. To determine the condition of the firefighter at the time of injury this Fire Service Casualty Module's data element is helpful.
  - (a) Responses
  - (b) Severity
  - (c) Physical Condition Just Prior to Injury
  - (d) Activity at Time of Injury